TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 Austin, Texas 78701
512-305-8000 ✯ www.pharmacy.texas.gov

Non-Resident Pharmacy (Class E) License Application

1 **Pharmacy Name & Location Address (Street, City, ZIP)**

Name of Pharmacy Owner:

DBA Name:

Address:

City/State/Zip

2 **Pharmacy Toll-Free Telephone Number:**

( )

Pharmacy Fax Number :

( )

Web Address:

Email Address:

3 **Type of Ownership (check one)**

☐ Corporation ☐ Limited Liability Company (LLC)
☐ Government ☐ Partnership
☐ Individual ☐ Other (specify) _____

4 **Type of Pharmacy (check one)**

☐ Community (Independent)
☐ Community (Multiple/Chain ≥5)
☐ Other (specify) _____

8 **Name of Pharmacist-in-Charge (PIC):**_____

PIC Resident State License #:

PIC Texas License #:

9 By my signature, I acknowledge I am the pharmacist-in-charge of this pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy.

THIS SIGNATURE MUST BE NOTARIZED

Signature of Pharmacist-in-Charge Date

10 Subscribed and sworn to before me this

day of , 20

Notary Public

FOR TSBP USE ONLY

License No.	Amount	Receipt No.	Applicant No.

5 ☐ **Check here if for a *NEW PHARMACY***

☐ **Check here if a *CHANGE OF OWNERSHIP*.**

If change of ownership, indicate previous name, address and license number of pharmacy:

6 **Application Fee Payable to Texas State Board of Pharmacy**

Pharmacy License Fee **$454**

7 **Description of Services – Check All That Apply**

☐ Compounding, Non-Sterile* ☐ Veterinary Prescriptions
☐ Compounding, Office Use

11 **Pharmacy License Number in Resident State**

12 **Staff Pharmacist(s)** **License #**

13 **Registered Technician(s)** **Registration #**

***Do not check this service if the pharmacy is only reconstituting a manufacturer's NON-STERILE product (e.g., reconstituting an antibiotic suspension).**

14 **PRIMARY OWNER OR ONE OF THE MANAGING OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS:**

1. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been the subject of any professional disciplinary action or are any such actions pending against this entity by a regulatory authority? (Examples: surrender, revocation, reinstatement, suspension, fine, probation, restriction). Include such information for all states, including Texas, and for all regulated professions. ☐ YES* ☐ NO

***If you answered "yes" to Question #1, include the name of the Board, licensing or disciplinary authority and the date of the Order, and, if applicable, the date of the termination of the condition and/or probation.**

2. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been subject to court ordered probation as related to any offense? ☐ YES ☐ NO

3. Are the customer service areas of the Pharmacy accessible to disabled persons, as defined by federal law? ☐ YES ☐ NO

4. Does the pharmacy provide translating services for customers, including translating services for a person with impairment of hearing? If yes, what type of translating services does the pharmacy provide? (check all that apply): ☐ YES ☐ NO

☐ 1 Spanish ☐ 3 Telecommunication Device for the Deaf (TDD) ☐ 5 AT&T Translating Service
☐ 2 Vietnamese ☐ 4 American Sign Language ☐ 6 Other_____

5. Does this pharmacy participate in the Texas Medicaid program? ☐ YES ☐ NO

6. Does this pharmacy participate in the Texas State Kids Insurance Program (SKIP)? ☐ YES ☐ NO

15 ATTEST: I hereby attest that the statements, on this form or those on any attachment(s) to this form, are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules.

This pharmacy does not (check all that apply):

☐ engage in compounding sterile preparations in the state of residence;
☐ dispense, distribute, deliver or ship sterile compounded preparations to residents in Texas or any other state;
☐ dispense, distribute, deliver or ship sterile compounded preparations to practitioners in Texas or any other state; or
☐ obtain sterile compounded preparations from a separate pharmacy, whether there is an affiliation or not, and use the sterile compounded preparations to fulfill a prescription drug order for a Texas resident, or to fulfil a purchase order or initiative from a Texas practitioner for sterile compounded preparations to be used as office drug supplies by the practitioner for administration to the practitioner's patients.
☐ obtain non-sterile compounded preparations from a separate pharmacy, whether there is an affiliation or not, and use the non-sterile compounded preparations to fulfill a prescription drug order for a Texas resident, or to fulfil a purchase order or initiative from a Texas practitioner for non-sterile compounded preparations to be used as office drug supplies by the practitioner for administration to the practitioner's patients.

I confirm that the pharmacy will obtain a Non-Resident Compounding Sterile Preparations (Class E-S) Pharmacy License prior to engaging in the activities listed above.

THIS SIGNATURE MUST BE NOTARIZED:

_____ _____ Subscribed and sworn to before me this _____ day
Signature of Owner / Managing Officer Date of _____, 20 ____

_____ _____
Owner / Managing Officer's Name (Type or Print) Notary Public